

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION		715 30	10/22
O.I.P.E. CLASSIFIER		8	10-2-99
FORMALITY REVIEW		BB90	11/2/99
		BB390	5/20/00

RFR

LA

INDEX OF CLAIMS

☒ Rejected
☐ Allowed
 (Through numeral) Canceled
☐ Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final	
Original	
1	5/4
2	10/01
3	2/02
4	7/02
5	7/02
6	7/03
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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